Practice Patterns in Cytopathology in Ontario: The IQMH Experience

Dr. M. Weir
Oct 2017
ACKNOWLEDGEMENTS

- Permission from IQMH to present data
  All Proficiency Testing survey data, reports and committee comments are the sole property and copyright of IQMH. All rights reserved.

- IQMH Scientific Committee Members, Cytopathology (current & recent past)
OBJECTIVES

After this session, should be able to:

- **Recognize** important changes in cytology patterns of practice in Ontario and their impact on the cytology profession.

- **Reflect** on own cytology practice pattern.
Sharing of Pattern of Practice Survey Data

- 2008-13
- Response rates: 94-100%

- Parameters:
  - Laboratory demographics
  - Workload & workforce
  - Collection & prep practices
  - Screening & reporting practices
Sharing of Pattern of Practice Survey Data

- Parameters:
  - Laboratory demographics
Practice Changes

Reduction

- # labs licensed for Cytopathology
- esp community labs

Reasons

- multifactorial
  - regionalization, $ new tech
  - QA/Acc standards, CCO guidelines
Sharing of Pattern of Practice Survey Data

- Parameters:
  - Workload & workforce
Practice Changes

➢ Reduction
  - # GYN specimens
  - # FTEs cytotechnologists

➢ Increase
  - # Non-GYN specimens

➢ Reasons
  - GYN: 2011 CCO Pap test screening guidelines
  - Non-GYN: shift H to C, reduced # C labs
Sharing of Pattern of Practice Survey Data

Parameters:

- Collection & prep practices
ROSE Practices

- No comm labs
- Usually CT alone, adequacy ass’t
- Lung, thyroid, liver, LN, pancreas
- EUS, EBUS increasing
Preparation Practices

- GYN specimens by 2013:
  - 100% Comm using non-MLT
  - 10% increase Hospital using non-MLT

- Non-GYN specimens
  - using MLT or in combo non-MLT
  - increased use MLT post FTE drop
Practice Changes

- **Increased**
  - ROSE, EUS, EBUS

- **Conversion**
  - LBPs for GYN > Non-GYN
  - Use of non-MLTs for GYN prep

- **Reasons**
  - standardization prep with LBP
Sharing of Pattern of Practice Survey Data

- Parameters:
  - Screening & reporting practices
Screening Practices

- For 2013, avg # slides screened per h:
  - increased since 2008
Practice Changes

- **Low Increase**
  - avg # slides screened/CT but within limit 80
  - % abN diagnoses

- **Reasons**
  - GYN specimen shifts (screening, colps)
  - rare centres using HPV testing
  - automated screening
TAKE HOME MESSAGES

Changes in demogr, workload & workforce:

- Decreased # licensed labs & GYN cases
- Increased Non-GYN cases
- Decreased CT workforce with interval increase
TAKE HOME MESSAGES

Changes in collection & prep practices:

- ROSE increasing
- LBPs: increased, commonest ThinPrep®
- Non-MLTs: increased use in prep
TAKE HOME MESSAGES

Screening & reporting practices

- Slide screening avg: stable, below max
- GYN diagnosis:
  - slight decrease NILM
  - increase abN
Future Cytopathology Practice in Ontario

- New guidelines
- Molecular testing
- EUS
- EBUS
- HPV testing
- CCO guidelines
- HPV vaccination